

November 19, 1998

CLINICAL CARE POLICY COMMITTEE

1. PURPOSE: This Veterans Health Administration (VHA) Memorandum establishes a Clinical Care Policy Committee (CCPC) of the VHA Policy Board and sets its charge. The committee is established to ensure close collaboration between the field and VHA Headquarters in areas of health care policy development and implementation.

2. POLICY

a. The CCPC is established for a period of not more than 2 years, during which time the Policy Board will provide a formal assessment of its value on an annual basis. **NOTE:** *Based on that assessment, the committee will be dissolved or further institutionalized. A decision to dissolve the committee can be made at any time.*

b. Health care policy matters can be referred to the CCPC by Veterans Integrated Services Network (VISN) Directors or clinical executive leadership, VHA Headquarters chief officers or strategic health care group chief consultants, VHA health care advisory groups, and top executives in the Office of the Under Secretary for Health.

c. The CCPC develops, for decision making, health care policy issues for the Policy Board. It does this by:

(1) Serving as a clinical advisory group for the Under Secretary for Health, through the Policy Board.

(2) Conducting its business and developing its materials consistent with procedures and practices of the Policy Board (see VHA Memorandum 10-98-01).

(3) Receiving proposals for systemwide health care policy, new or revisions from a variety of sources including those listed under b. above, assuring the issues are fully developed and debated; and forwarding its recommendations to the Policy Board.

(4) Developing charters for work groups to assess clinical issues. **NOTE:** *These require approval by the Policy Board. In cases of urgent need, approval may be given by the Policy Board Chairperson.*

(5) Proposing and conducting ongoing clinical program reviews to include recommending change or discontinuation of existing programs and new programs. **NOTE:** *CCPC is responsible for assuring that any proposed reviews are not duplicative of effort by other organizational elements and are conducted collaboratively with other appropriate elements.*

(6) Offering and responding to requests for collaboration, assistance from VHA health care advisory groups that have more narrow, specific programmatic charges.

(7) Assuring coordination of major national health care issues and initiatives, including implementation, between field and headquarters elements.

November 19, 1998

3. ACTION

a. **Membership.** It is expected that CCPC members will attend meetings. Individuals other than members may attend meetings as subject matter experts or observers. Voting rights are reserved for members and their authorized proxies.

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| (1) Co - Chairpersons | Chief Patient Care Services Officer
Network Director |
| (2) Committee Manager | Staff, Office of Patient Care Services |

(3) **Members.** Members will be appointed by the Under Secretary for Health. Membership will rotate on an annual basis, except that, initially, not less than half of the clinical managers, chief consultants and clinical field representatives will serve 2 years to assure ongoing expertise. Membership will include:

(a) Four Clinical Managers.

(b) Three Chief Consultants, VHA Strategic Health Care Groups (SHGs). ***NOTE: Chief Consultants of all SHGs are potential members, regardless of office to which assigned.***

(c) Four Clinical Field Representatives. ***NOTE: Clinical Field Representatives will be selected from existing technical advisory groups or otherwise be determined to have national perspective in at least one programmatic area.***

(d) One representative from each of the following offices:

1. Office of Performance and Quality,
2. Research and Development Office,
3. Academic Affiliations Office, and
4. VHA Center for Ethics.

b. **Frequency of Meetings.** CCPC meetings will be held at least monthly (unless it documents there is no business to be acted upon) and on call of the chairperson.

c. **Process.** The first actions to be undertaken by the CCPC will be to:

- (1) Develop criteria for evaluating the value of the CCPC and submit to Policy Board for approval.
- (2) Develop process for ongoing action of the CCPC.

November 19, 1998

(3) Identify national efforts and entities currently in place to address clinical issues at the national level or that set national expectations for local implementation of clinical policy and identify opportunities for improvement then provide that information, with recommendations including those related to how continuing existing entities can best articulate with the CCPC, to the Policy Board.

(5) Examine current administrative processes at VISN and VHA Headquarters levels that support national clinical policy development; national, VISN and local clinical decision-making; and VISN and national oversight related to provision of clinical care services. Develop a set of recommendations for improvement in those processes and structures and forward recommendations to the Under Secretary for Health through the Policy Board. **NOTE:** *Documentation of this activity should include all relevant elements of the executive decision memorandum format used for recommendations to the Under Secretary for Health and should be submitted to the Policy Board.*

(6) Work with the Chief Policy and Planning Office to examine implementation issues and make recommendations regarding deployment of VHA's new health benefits plan.

d. **Documentation**

(1) Minutes will be kept for all meetings, whether face to face or electronic, and will be forwarded to the Policy Board.

(2) Approved copies of minutes will be distributed to all members.

(3) Decisions on CCPC recommendations that require follow-up will be tracked and updates provided to the Under Secretary for Health through the Policy Board.

4. RESPONSIBILITY: The Chief Patient Care Services Officer (11) is responsible for the contents of this Memorandum.

5. RESCISSION: None.

6. RECERTIFICATION: This VHA Memorandum is scheduled for recertification on/or before the last working day of November 2000.

S/ by Robyn Nishimi, Ph.D. for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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